## 15031082274

FEC FORM 1

## STATEMENT OF ORGANIZATION

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	open to be again the first		<u> </u>	28-13-14-16-18-23-23-23-23-23-23-23-23-23-23-23-23-23-
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	FEC MAIL CENTER
Americans For America	a Political Action Co	ommittee		
<del> </del>	<del></del>	<del>. l . l . l l l l l l l l l l l . l l l l l l l l l l l . l l l l l l l l l l l . l l l l l l l l l . l l l</del>		<del></del>
	222 Dissiuti Dr. or	+ 410		
ADDRESS (number and street)	333 Ricciuti Dr. ap	J. 410		
(Check if address				
is changed)	Quincy		MA C	02169 
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES				
F-1	Will@afapac.com	<b>)</b> -		
(Check if address is changed)		S. 50 D.		
-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37 THE	<del>-                                      </del>
COMMITTEE'S WEB PAGE ADD	<ul> <li>Exploration</li> </ul>	groupe a sign a com-	387.45	
COMMITTEES WED PAGE ADD	afapac.com	tadi se sa e terre patemba a terrese a tambén destre de la period de la composition de la composition de la co	outgram of the set of the set of the	es remandos do Estadas da país esta o mais de el alem en mas Estadas en entre estadas en estadas en mais de el entre en entre Estadas en entre en
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2. DATE 6 7 25	° ′ 2013 ′ ′			
3. FEC IDENTIFICATION NU	C 0	0544999		
3. FEC IDENTIFICATION NU				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th		et of my knowledge and helief i	t is true correct s	and complete
r ceruly that I have examined the		st of thy knowledge and belief it	ris true, correct e	ina complete.
Type or Print Name of Treasurer	William Higgins			<del> </del>
Signature of Treasurer	Whim Higgs		<b>6</b> <sup>M</sup> Date	′ 25 ° ′ 2013 ° °
NOTE: Submission of false, errone		n may subject the person signing		he penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
Candidate	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliati	on Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		(Dama austi-
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b></b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	fraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, nane of which is an authorized committee of a federal candidate.	vo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

Write or Type Committee Name Americans For America	a Political Action Committee
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
None	
Mailing Address	
-	
	CITY STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in possession of committee
Full Name Denise	Cohen
	333 Ricciuti Dr. apt 418
Mailing Address	
	Quincy MA 02169
Title or Position	CITY STATE ZIP CODE
Custodian of Record	ds Telephone number
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).
Full Name William of Treasurer	Higgins
Mailing Address	333 Ricciuti Dr. apt. 418
	Quincy  CITY  MA  02169  ZIP CODE
Title or Position Treasurer	Telephone number   857   615   1193

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## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 7/8/13 DATE PREPARED

(3/2005)